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MEDTRONIC LAW DEPT

NO. 5647 P. 3

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86-190

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail** Box ISSUE FEE
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CURRENT CORRESPONDENCE ADDRESS (Please Legibly print or type name and address of the filer)

27381 7390 12/02/2002
MEDTRONIC, INC.
 710 MEDTRONIC PARKWAY NE
 MS-LC340
 MINNEAPOLIS, MN 55432-5604



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 I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Theresa Belland (Depositor's name)
 (Signature)
February 6, 2003 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/872,698	06/01/2001	Dennis D. Elsbury	P-3226.04	3939

TITLE OF INVENTION: THERAPEUTIC METHOD FOR TREATMENT OF ALZHEIMER'S DISEASE

APPL. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1280	\$300	\$1580	03/03/2003

EXAMINER	ART UNIT	CLASS-SUBCLASS
THUSSELL, JEREMY	3763	604-131000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or older recent) attached. Use of a Caster Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Stephen W. Bauer
Curtis D. Kinghorn
 3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: (Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.)

(A) NAME OF ASSIGNEE

Medtronic, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Minneapolis, Minnesota

Please check the appropriate assignee category or categories (will not be printed on the patent)

☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee

☒ Publication Fee

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(2)

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TO: ISSUE FEE

FROM: Office of Initial Patent Examination

SUBJECT: Fee Due

APPLICATION NUMBER: 09/872,898⁶

A fee is due for the attached document submitted to the U. S. Patent and Trademark Office for the following reason. Please check the application for the appropriate authorization to charge a deposit account. If an authorization is present, please charge the appropriate fee. If an authorization is not present, notify the applicant of the fee deficiency.

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If you have any questions, please contact Cynthia Streater at 703-306-5430 or Eleanor Kurtz at 703-308-3642.

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Number: 132546

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Holder

Name: MEDTRONIC, INC

Address

Attention: ATTN: HAL PATTON M/S 301

Street: 7000 CENTRAL AVENUE, N. E.

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State

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Postal Code

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